

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: CATHERINE TURKEL, et al.)
 Serial No.: Pending)
 Filed: Herewith)
 For: METHODS FOR TREATING PAIN AND)
 FOR TREATING A MEDICATION)
 OVERUSE DISORDER)
 Irvine, California)

Examiner:

Group Art Unit:

17548 U.S. PTO
10/789180**NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER**

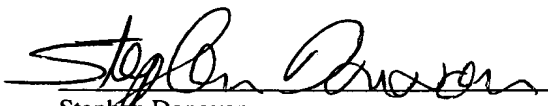
Mail Stop: Patent Application
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter – 3 pgs.
- (x) Specification (48 pages) 9 Claims (2 pages); Abstract (1 page)
- (x) Drawings (- 5 - sheet)
- (x) Declaration/Power of Attorney UNSIGNED
- () Assignment with Recordation Cover Sheet
- () Information Disclosure Statement with cited art
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV193720875US

Dated: February 26, 2004

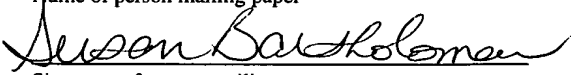

 Stephen Donovan
 Registration No. 33,433

CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10

I hereby certify that this Transmittal Letter and above-identified documents are being deposited with the United States Postal Service on **FEBRUARY 26, 2004** in an envelope as "Express Mail Post Office To Addressee" mailing label number **EV193720875US** with sufficient postage for Express Mail addressed to Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Susan Bartholomew
 Name of person mailing paper

Date: February 26, 2004


 Signature of person mailing paper

NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **METHODS FOR TREATING PAIN AND FOR TREATING MEDICATION OVERUSE DISORDER** by the following named inventors:

1	Full Name of Inventor	Last Name: TURKEL	First Name: CATHERINE	Middle Name:	
	Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizenship:	
	Post Office Address	Post Office Address:	City:	State or Country:	Zip Code:
2	Full Name of Inventor	Last Name: BRIN	First Name: MITCHELL	Middle Name: F.	
	Residence and Citizenship	CITY: NEWPORT BEACH	State or Foreign Country: CALIFORNIA	Country Of Citizenship: U.S.A.	
	Post Office Address	Post Office Address: 30 SAN ANTONIO	City: NEWPORT BEACH	State or Country: CALIFORNIA	Zip Code: 92660
3	Full Name of Inventor	Last Name:	First Name:	Middle Name:	
	Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizenship:	
	Post Office Address	Post Office Address:	City:	State or Country:	Zip Code:

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a specification of 48 pages, 9 claims (2 pages) and an abstract (1 page).

Oath or Declaration

() Enclosed is a fully executed oath or declaration.

(X) Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$770.00	\$770.00
Total Claims	9 minus 20 =	-0-	\$18.00	\$0.00
Independent Claims	2 minus 3 =	-0-	\$86.00	\$0.00
If application contains any multiple dependent claims, then add			\$290.00\$	0.00
TOTAL FILING FEE				\$770.00

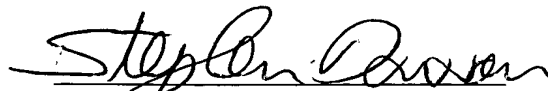
- (X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.
- () An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.
- (x) New drawing(s) are enclosed in -5- sheets.
- () A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.
- () A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.
- () A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- (x) The Power of Attorney in this application is to Stephen Donovan, Registration Number 33,433.
- (x) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.

Please address all future communications to:

STEPHEN DONOVAN
 Registration No. 33,433
 ALLERGAN, INC.
 2525 Dupont Drive, T2-7H
 Irvine, CA 92612
 Tel: 714-246-4026 Fax: 714-246-4249

Respectfully submitted,

Date: February 26, 2004


 Stephen Donovan
 Registration No. 33,433
 Attorney of Record